

# Confined Space Entry Permit

Date and Time Issued: \_\_\_\_\_ Date and Time Expired: \_\_\_\_\_  
Job Site/Space ID: \_\_\_\_\_  
Equipment to be worked on: \_\_\_\_\_  
Work to be performed: \_\_\_\_\_  
Job Supervisor: \_\_\_\_\_  
Personnel \_\_\_\_\_ Signature \_\_\_\_\_  
Entrant: \_\_\_\_\_  
Entrant: \_\_\_\_\_  
Attendant: \_\_\_\_\_

1. Atmospheric Checks:

Time \_\_\_\_\_  
Oxygen \_\_\_\_\_ %  
Explosive \_\_\_\_\_ %L.F.L.  
Toxic \_\_\_\_\_ PPM

2. Tester's Signature: \_\_\_\_\_

3. Source Isolation (No Entry): N/A Yes No

Pumps or lines blinded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disconnected or blocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Ventilation Modification:

Mechanical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural Ventilation Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Atmospheric Check after Isolation and Ventilation:

Oxygen \_\_\_\_\_ %  $\geq$  19.5%  
Explosive \_\_\_\_\_ % L.F.L.  $\leq$  10%  
Toxic \_\_\_\_\_ PPM  $\geq$  10PPM H<sub>2</sub>S  
Time \_\_\_\_\_  
Tester's Signature \_\_\_\_\_

6. Communication Procedures:

**In Case of Emergency Call Station 38 by Radio or Telephone**

**Radio:** Station 38  
**Phone:** 527-7660

7. Rescue Procedures:

8. Entry, standby and back-up persons: Yes No  
Successfully completed required

training? ☐ ☐

Is it current? ☐ ☐

9. Equipment: N/A Yes No

Direct Reading Gas Monitor Tested ☐ ☐ ☐

Safety harnesses and lifelines for entry and standby persons ☐ ☐ ☐

Hoisting Equipment ☐ ☐ ☐

Powered Communications ☐ ☐ ☐

SCBA's for entry and standby persons ☐ ☐ ☐

Protective Clothing ☐ ☐ ☐

All electric Equipment listed, Class I, Division I, Group D and Non-Sparking tools ☐ ☐ ☐

10. Periodic Atmospheric tests:

Oxygen: \_\_\_\_\_ % Time \_\_\_\_\_

Explosive: \_\_\_\_\_ % Time \_\_\_\_\_

Toxic: \_\_\_\_\_ PPM Time \_\_\_\_\_

We have reviewed the work authorized by this permit and the information contained here-in. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any items are marked in the NO column. This permit is not valid unless all appropriate items are completed.

Permit Prepared By: \_\_\_\_\_

Approved By: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

\*This permit is to be kept at the job site for the duration of the job.